

Informatics for Diabetes Education and Telemedicine (IDEATel) Demonstration Project

In February 2000, as a result of legislative mandates in section 4207 of the Balanced Budget Act of 1997 (BBA 97), section 413 of the Balanced Budget Refinement Act of 1999 (BBRA 99) and section 223 of the Benefits, Improvements and Protection Act of 2000 (BIPA 00), CMS awarded a \$28 million 4-year cooperative agreement (Phase I) to a consortium led by Columbia University to focus on using telemedicine networks to improve the care of Medicare beneficiaries residing in federally designated medically underserved inner city and rural areas (including those beneficiaries with limited English speaking capabilities) of New York suffering from diabetes mellitus.

In September 2004, as a result of new legislation contained in section 417 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA 03), CMS awarded a \$29 million cooperative agreement extension (Phase II) for an additional 4 years. The second phase of IDEATel began on February 28, 2004, and will expire on February 28, 2008. For the most part, the logistics of IDEATel will remain the same, although some changes may occur as a result of lessons learned from phase 1.

The demonstration is multi-faceted, and involves remote patient monitoring and interventional informatics, automated clinical guidelines and standards, and specialized curricula for health care professionals dealing with the use of informatics and telemedicine systems. The demonstration is intended to apply high capacity telemedicine and computing networks and services to improve primary and preventative care related to diabetes. The project is designed as a blocked, randomized controlled trial consisting of 1,665 urban and rural participants (775 in New York City, basically in Manhattan and the Bronx and 890 in 39 counties of upstate New York). The participants are randomly assigned equally to a treatment or control group. The participants in the treatment group receive a home telemedicine unit (HTU) and diabetes care management provided by nurse case managers. The control group participants continue to receive usual care from their primary care physicians. The HTU consist of a personal computer with audio/video communication capabilities and devices for measuring blood sugar and blood pressure. The HTU allows participants to monitor their blood pressure and blood sugar and transmit those measurements to nurse case managers, communicate via audio/video conferencing with nurse case managers (known as televisits), and access web-based features such as educational materials and chat rooms that are accessible only to other participants.

In addition to the demonstration, Congress also mandated that an evaluation be performed. The evaluation is to include an assessment of telemedicine's impacts on improving access to health care services, reducing Medicare costs, and improving quality of life. CMS contracted with Mathematica Policy Research, Inc. (MPR) to prepare the mandated interim and final evaluation reports. The first and second interim reports were forwarded to Congress in May 2003 and December 2005, respectively.